ISSUE SLIP STAPLE AREA (for additional cross references) INITIALS ID NO. **FEE DETERMINATION** O.I.P.E. CLASSIFIER **RESPONSE FORMALITY REVIEW** INDEX OF CLAIMS Rejected Allowed (Through numeral)... Canceled Objected Restricted Claim Date Date 2 Original 1/2 / 1/02 / 1/02 / 1/02 / 2/1/02 / 2/1/03 4/17/02 51 > N 101 * WWW 52 × N 53 Y N 54 ント ذ 55 100 5 M MAN M 7 M M M 8 M W M 9 M M M 10 M M M 11 M M 12 M M 12 M M 13 M M 14 M 15 M M 16 M 16 M M 16 M 16 M M 16 M 16 M M 16 ر 56 57 > 58 Y N 59 1 109 د 60 62 63 112 3 MM MM W 64 65 66 67 69 70 71 72 78 74 125 76 77 78 79 80 130 81 82 خ 33 83 133 34 ⊹ 84 35 - N V 85 135 36 86 136 37 87 137 88 138 39 7 N 89 خ 40 90 NV 41 2 91 42 - N 92 43 + N 93 44 94 N 45 95 96 46 h46 47 -97 48 -98 بد 49 99

If more than 150 claims or 10 actions staple additional sheet here

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